			_				•		^	ppiicatior 1	or D	ocket Num	nber
PATENT APPLICATION FEE DETERMINATION RECO Effective December 29, 1999					RD	)	(	79	30	151	82		
CLAIMS AS FILED - PART I (Column 1) (Column 2)						SMALL ENTITY TYPE			OR	OTHER SMALL			
FC	FOR NUMBER FILED NUMBER EXTRA				RAT	E	FEE	1	RATE	FEE			
ВА	SIC FEE				Salar Sa			£41.40		345.00	OR		690.00
TOTAL CLAIMS minus 20= *					X\$ 9			OR	X\$18=	144			
INDEPENDENT CLAIMS / minus 3 = *			٠,	X39	=,		OR	X78=	1102				
MULTIPLE DEPENDENT CLAIM PRESENT						1	+260=						
* If the difference in column 1 is less than zero, enter "0" in column 2  TOTAL  OR +260=  OR TOTAL						1536							
	C	LAIMS	AS A	MENDED	- PART II					<u> </u>		OTHER	THAN
	والمنتق المنتفار والمناك	(Colur			(Column 2)	(Column 3)		SMA	LL	ENTITY	OR	SMALL	ENTITY
AMENDMENT A		REMAI AFT AMEND	INING ER		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RAT	E	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NDM	Total	*		Minus	**	=		X\$ 9	=		OR	X\$18=	
AME	Independent	*	10511	Minus	***	= .		X39:	=		OR	X78=	
	FIRST PRESE	MIATION	N OF ML	JUIPLE DEF	PENDENT CLAIM			+130	=	*****	OR	+260=	
		•						TO <sup>-</sup> ADDIT. F			ים ו	TOTAL ADDIT. FEE	
		(Colur	mn 1)	•	(Column 2)	(Column 3)	•	ADDII. F	.EE		•	ADDII. FEET	-
DMENT B	The second of th	CLA REMAI AFT AMEND	IMS INING ER		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATI	E	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
N	Total	*	, -	Minus	**	=		X\$ 9	=		OR	X\$18=	-
AMEN	Independent	*	1.05.10	Minus	***	=		X39=	=		OR	X78=	
	FIRST PRESE	MIATION	N OF MC	JUIPLE DEF	PENDENT CLAIM			+130	_		OR	+260=	
							1	TO1 ADDIT. F				TOTAL ADDIT. FEE	
		(Colur	mn 1)		(Column 2)	(Column 3)				-		ADDII. FEE	
AMENDMENT C		CLA REMA AFT AMENC	INING ER		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	Ξ	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NDN	Total	*		Minus	**	=		X\$ 9	=		OR	X\$18=	
AME	Independent	*	105.5	Minus	***	=		X39=	<u> </u>		OR	X78=	
_	FIRST PRESE	MIATIO	N OF MU	JUIPLE DEI	PENDENT CLAIM		IJ	.400	┪	_	1	.000	
**	If the "Highest Nu 'If the "Highest Nu	mber Prev ımber Prev	viously Pa viously Pa	aid For" IN THI aid For" IN TH	ımn 2, write "0" in co S SPACE is less tha IS SPACE is less tha r Independent) is the	an 20, enter "20. an 3, enter "3."	•	+130 TO ADDIT. F	FEE	propriate bo	_	+260= TOTAL ADDIT. FEE umn 1.	

## This Form is for INTERNAL PTO USE ONLY It does NOT get mailed to the applicant.

## NOTICE OF FILING / CLAIM FEE(S) DUE (CALCULATION SHEET)

APPLICATION NUMBER: 091545182

## Total Fee Calculation

	Fee Code	Total # Claims	Number Extra	х	Fee	Fee		_ Total
	Sm./Lg.				Sm. Entity	Lg. Entity		1001
Basic Filing Fee	201/101	a C		•	•	69/	_	
Total Claims >20	203/103	XX .20 =	$\mathcal{L}$	x	<del></del>	144	_	
Independent Claims >3	202/102	12 .3 -	9	х		7/1/2		-
Mult. Dep Claim Present	204/104	• • ,				100	=	<del></del>
Surcharge	205/105	•				120	=	<del></del>
English Translation	139						3	<del></del>
•••		•				•		

## TOTAL FEE CALCULATION

Fees due upon filing the application:
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Total Filing Fees Due = \$\int \left[ \left( \alpha \cdot \alpha \cdot \left( \alpha \cdot \left( \alpha \cdot \alpha \cdot \left( \alpha \cdot \alpha \cdot \left( \al

Less Filing Fees Submitted . \$

BALANCE DUE = \$ /660-00

Office of Initial Patent Examination

Figure 7